



750 B Street, Suite 1830
San Diego, CA 92101

AREA BOARD XIII
Office of the State Council on Developmental Disabilities
State of California

Phone: 619-645-3000
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~ VISITOR APPLICATION ~
LOOKING AT LIFE QUALITY

ABOUT YOU

Name:

Date:

Address:

City:

Zip:

Phone (Day):

Phone (Eve):

Fax:

Email:

WHERE YOU WORK

Present Employer:

Phone:

Address:

Duties:

Have You Been Fingerprinted?

☐ **Yes**

☐ **No**

Describe Your Experience Interviewing People:

Why Are You Interested in Becoming a Visitor?

Visitors must be able to communicate effectively in writing. Please provide a brief sample of your writing ability by writing about ONE of the following subjects: *(attach an additional page if needed)*

1. *The Best Vacation you ever had.*
2. *The best job you ever had.*
3. *Your best friend or someone you know very well.*
4. *Your children or other children close to you.*
5. *Your goals for yourself (e.g. Career, getting physically fit, traveling; etc.)*

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Special Skills / Abilities

Are you fluent in any other languages? ☐ Yes ☐ No (Language: _____)

Do you have basic computer skills? ☐ Yes ☐ No

Do you have access to the internet? ☐ Yes ☐ No

REFERENCES

Please provide us with 3 professional or personal references:

Name: _____ **Phone:** _____

Relationship: _____

Name: _____ **Phone:** _____

Relationship: _____

Name: _____ **Phone:** _____

Relationship: _____

Thank you for your interest!

Email, Fax, or Mail completed applications to:

Area Board XIII – Office of the State Council
750 B Street, Suite 1830
San Diego, CA 92101
Attention: Nancy Dow

Fax: 619-645-3008
Email: Nancy.Dow@scdd.ca.gov